

RECOMMENDATION FOR AWARD OF CALIFORNIA STATE MILITARY RESERVE RIBBONS

1. TO:	2. FROM:	3. DATE:
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PART A – PERSONAL DATA

4. BRANCH OF SERVICE: <input type="checkbox"/> ARNG <input type="checkbox"/> ANG <input type="checkbox"/> SMR <input type="checkbox"/> CIVILIAN <input type="checkbox"/> OTHER		
5. RECOMMENDED AWARD: <input type="checkbox"/> SMRTER <input type="checkbox"/> SMREER <input type="checkbox"/> SMRRAR <input type="checkbox"/> SMRPDR <input type="checkbox"/> SMRMQR <input type="checkbox"/> SMRETR <input type="checkbox"/> SMROSR <input type="checkbox"/> SMRVSR <input type="checkbox"/> SMRDAR ___ DEVICE		6. REASON: <input type="checkbox"/> ACH <input type="checkbox"/> SVC <input type="checkbox"/> PCS <input type="checkbox"/> ETS <input type="checkbox"/> RET
7. PERIOD OF AWARD		8. POSTHUMOUS? <input type="checkbox"/> YES <input type="checkbox"/> NO
a. FROM:		9. PROPOSED PRESENTATION DATE:
b. TO:		
10a. NAME (Last, First, Middle):		b. RANK:
d. DUTY POSITION / TITLE:		c. SSN:
e. ORGANIZATION:		
f. PREVIOUS AWARDS:		
11. RECOMMENDER		
a. NAME:		c. SIGNATURE:
b. TITLE / POSITION:		d. RANK:
e. ADDRESS:		

PART B – JUSTIFICATION AND CITATION DATA (Use Specific Bullet Examples of Meritorious Acts, Service, or Achievements)

12. JUSTIFICATION (use additional sheets if necessary):

PART C – ELIGIBILITY

13. CERTIFICATION OF ELIGIBILITY AND DATA	
I certify that this individual is eligible for this award in accordance with AR 600-8-2; or does not have disciplinary action pending and that the information contained in Part A is correct.	a. SIGNATURE:
	b. DATE:

PART D - RECOMMENDATIONS / APPROVAL / DISAPPROVAL

14. APPROVAL AUTHORITY		
a. NAME:		c. SIGNATURE:
b. TITLE / POSITION:		d. RANK:
e. APPROVED	DISAPPROVED	f. DATE:
UPGRADE TO:		DOWNGRADE TO:
g. COMMENTS:		

PART E - ORDERS DATA

15a. ORDERS ISSUING HEADQUARTERS:		b. PERMANENT ORDER NUMBER:	d. APPROVED AWARD:
		c. DATE:	
16a. NAME OF ORDERS APPROVAL AUTHORITY:		17. DISTRIBUTION:	
c. SIGNATURE:		d. DATE:	e. RANK: